

# Credit Card Agreement

Please initial each statement in order to demonstrate your understanding and agreement with each:

\_\_\_\_\_ I understand that Elizabeth Summers, LCSW maintains a confidential, encrypted online banking system to hold and manage my credit card information. This is compliant with all Federal Regulation Standards.

\_\_\_\_\_ I understand that credit card information will be stored in a HIPAA-compliant manner.

\_\_\_\_\_ I understand that this form is for initial data entry purposes and the paper copy will be destroyed upon completed upload of this information.

\_\_\_\_\_ I understand that by having my card on file, I may choose to eliminate the need for writing a check at each appointment and that my card will be charged at the end of each session.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

.....

Name on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Card Type: \_\_\_\_\_

Card expiration date: \_\_\_\_ / \_\_\_\_ CVV: \_\_\_\_\_

Zip code associated with billing address: \_\_\_\_\_